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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|-------------------------------|------------------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | P05143 |
| | First Named Inventor | Vladislav Vashchenko, et al. |
| | COMPLETE IF KNOWN | |
| | Application Number | / |
| | Filing Date | |
| | Group Art Unit | |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ESD PROTECTION METHODS AND DEVICES USING ADDITIONAL TERMINAL IN THE DIODE STRUCTURES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|------------------------------|-----------------------------|
| | | | <input type="checkbox"/> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| | | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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OR

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Correspondence address below

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Vollrath & Associates

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City

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State

95125

ZIP

USA

Country

408-287-3019

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐

A petition has been filed for this unsigned inventor

Given Name Vladislav
(first and middle [if any])

Family Name Vashchenko
or Surname

Inventor's
Signature

[Handwritten Signature]

Date 02.11.02

Residence: City Fremont

State CA

Country USA

Citizenship Russia

Mailing Address 39939 Stevenson Cmn., #2064

Mailing Address

City Fremont

State CA

ZIP 94538

Country USA

NAME OF SECOND INVENTOR:

☐

A petition has been filed for this unsigned inventor

Given Name Ann
(first and middle [if any])

Family Name Concannon
or Surname

Inventor's
Signature

[Handwritten Signature]

Date 02/11/02

Residence: City San Jose

State CA

Country USA

Citizenship Ireland

Mailing Address 2147 Coastland Avenue

Mailing Address

City San Jose

State CA

ZIP 95125

Country USA

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

| | | | |
|--|----------|---|-----|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Peter J. | | Hopper | |
| Inventor's Signature  | | Date 02.11.02 | |
| Residence: City | San Jose | State | CA |
| Country | USA | Citizenship | UK |
| Mailing Address 4327 Verdigris Circle | | | |
| Mailing Address | | | |
| City | San Jose | State | CA |
| ZIP | 95134 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| Country | | Citizenship | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| ZIP | | Country | |

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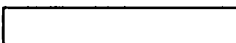

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Vladislav Vashchenko, et al. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | P05143 |

I hereby appoint:

☐ Practitioners at Customer Number  

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

| Name | Registration Number |
|---------------------------------------|---------------------|
| Jurgen K. Vollrath; Christopher Byrne | 49,098; 32,204 |
| John Maxin; Peter Y. Wang | 34,668; 40,452 |
| Andrew S. Viger; Eugene C. Conser | 28,552; 39,149 |
| Coleman F. Reif; Allen R. Tremain | 38,593; 40,207 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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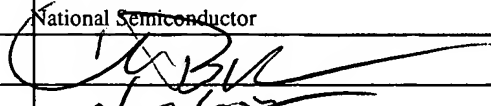
| | | | | | |
|---|-------------------------|-------|----|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Jurgen K. Vollrath | | | | |
| Address | 588 Sutter Street # 531 | | | | |
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| Telephone | 408-813 2141 | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | National Semiconductor |
| Signature |  |
| Date | 2/12/00 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.